M14000003942

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000320261970

SUCKELLANASSEE, FL

2018 NOV -1 AM 8: 47

18 NOV -1 MAIN B

NOV - 2 11 S. PRATHER



-115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date:1	1/01/2018	
	Merritt Walker	_
Reference #:_	100000	_
Entity Name:_	CUSTOM H	IOUSE USA, LLC
☐ Articles	of Incorporation/Authorization	to Transact Business
✓ Amendr	ment	
☐ Change	e of Agent	
☐ Reinsta	tement	
Convers	sion	
Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	s Name	
Other_		
Authorized Am	nount:\$ <u>0</u> 5	
Signature:	4400	

F: +852.2682.9790

COVER LETTER

TO:	Registration Division of	Section Corporations				
SUBJ	ECT:			use USA, l		
		Name of Foreig	ın Lin	nited Liabil	ity Comp	any
Dear S	Sir or Madam:					
The er	iclosed applic	ation, certificate and fee(s)	are su	ibmitted for	r filing.	
Pleasc	return all cor	respondence concerning th	is mat	ter to the fo	ollowing:	
		Stephanie Berberich				
		Name of Person				
		Western Union				
		Firm/Company				
	12500	East Belford Avenue, M21	IA2			
		Address				
	E	Englewood, CO 80112				
		City/State and Zip Code	9			
E-m	ail address: (t	to be used for future annual	repoi	rt notification	on)	
For fu	rther informat	ion concerning this matter,	pleas	e call:		
	Rod	Iney Waller	at (844		818-2384
	Nam	ne of Person	7	rea Code ه	& Daytim	e Telephone Number
	Registration Division of Clifton Built 2661 Execut	Corporations			Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
	sed is a check Filing Fee	for the following amount \$\sum_{\text{\$\subset}}\$		\$55 Filing Certified		Sentificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

State:	CUSTOM HOUSE USA, LLC	
Enter new principal office address, if applic	able:	—
(Principal office address	7001 East Belleview Avenue	
MUST BE A STREET ADDRESS)	Denver, CO 80237	j= 11. ≥ 11.
		ASS
Enter new mailing address, if applicable: (Mailing address		7697. 12100
(MAY BE A POST OFFICE BOX)		<u> </u>
		لبا
2. The Florida document number of this lim	ited liability company is: M14	000003942
3. Jurisdiction of its organization:	Delaware	
4. Date authorized to do business in Florida	3: 06/03/2014	
SECTION II (5-9 complete only the appli		
5. New name of the limited liability compar		l Services, LLC
	(must contain "Limited Liability Compar	y, " "L.L.C.," or "LLC
copy of the written consent of the managers	or managing members adopting the alterna	ess in Florida and attac ate name. The alternate
(If name unavailable, enter alternate name a copy of the written consent of the managers must contain "Limited Liability Company," 6. If amending the registered agent and/or registered agent and/or the new registered of	or managing members adopting the alternature. "L.L.C." or "LLC.") egistered officer address on our records, en	ite name. The alternate
copy of the written consent of the managers must contain "Limited Liability Company," 6. If amending the registered agent and/or registered agent and/or the new registered or	or managing members adopting the alternature. "L.L.C." or "LLC.") egistered officer address on our records, enfice address here:	ite name. The alternate
copy of the written consent of the managers must contain "Limited Liability Company," 6. If amending the registered agent and/or registered agent and/or the new registered of New Registered Agent:	or managing members adopting the alternature. "L.L.C." or "LLC.") egistered officer address on our records, en	ter the name of the new
copy of the written consent of the managers must contain "Limited Liability Company," 6. If amending the registered agent and/or re	or managing members adopting the alternature. "L.L.C." or "LLC.") egistered officer address on our records, enfice address here: Enter Florida Str.	ter the name of the new

the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Filing Fee: \$25.00

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF 'CUSTOM HOUSE USA,

LLC', CHANGING ITS NAME FROM "CUSTOM HOUSE USA, LLC" TO

"WESTERN UNION INTERNATIONAL SERVICES, LLC", FILED IN THIS

OFFICE ON THE NINTH DAY OF OCTOBER, A.D. 2018, AT 1:49 O'CLOCK

P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF NOVEMBER, A.D. 2018.



Authentication: 203724691

Date: 11-01-18

5492248 8100 SR# 20187428009

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:49 PM 10/09/2018
FILED 01:49 PM 10/09/2018
SR 20187052635 - File Number 5492248

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Custom Flouse US	A, LLC	
The Certificate s follows:	of Formation of the limited liab	oility company is hereby amended
Limited Liability (Company changing its name from Cust I Services, LLC. Effective Date Nove	
	HE LIMITED LIABILITY COMPAN L SERVICES, LLC.	YY IS WESTERN UNION
N WITNESS V	WHEREOF the undersigned by	ave executed this Certificate on
	WHEREOF, the undersigned had ay of October	ave executed this Certificate on, A.D. 2018
	day of October	, A.D. 2018
	day of October	
	day of October By:	A.D. 2018.

STATE OF DELAWARE APPLICATION FOR TRANSFER OF LIMITED LIABILITY COMPANY NAME PURSUANT TO TITLE 6, SECTION 18-103 OF THE DELAWARE CODE

TO THE SECRETARY OF STATE OF THE STATE OF DELAWARE:

The Western Union Company	
12500 E. Belford Ave.	
Englewood Co. 80112	
2. WE RESERVED THE FOLL A PERIOD OF 120 DAYS:	OWING LIMITED LIABILITY NAME FOR
WESTERN UNION INTERNATIONAL SE	RVICES, LLC
3 NAME AND ADDRESS TO WH	IOM THE NAME IS BEING TRANSFERRED
The Corporation Trust Company	
Corporation Trust Center	
1209 Orange Street	
·	
1209 Orange Street	An Sulviul
1209 Orange Street	By: Signature of Applicant
1209 Orange Street	By: Signature of Applicant Assistant Secretary